

The California Youth Authority Psychiatric Treatment Program

Its Historical Significance and Philosophy

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FOR MANY YEARS the problem of dealing with emotionally disturbed teen-aged delinquents has confronted California courts, probation departments, the Youth Authority, Department of Mental Hygiene and many private agencies. Many different committees have been established through the years to study this problem, which in 1955 became so critical that judges in some of the larger counties communicated with members of the Legislature in order to get a legislative policy with regard to it.

Representatives of the California State Senate and Assembly met with representatives of the 11 western states under the auspices of the Council of State Governments and learned that the same serious problems exist in these states.

In the 1956 Census of Special Problem Cases, the Youth Authority reported that about 17 per cent of the persons admitted to the Youth Authority could be classified as "special problem delinquents" who, because of emotional disturbance, could not be expected to benefit from the existing correctional and rehabilitation program. Such wards of the state, although relatively few in number, create a tremendous impact. They occupy a kind of institutional "no man's land" since there appears to be no proper place for them in regular mental hospitals or in existing institutions for the mentally deficient. They require more efforts to rehabilitate and a greater amount of staff time. More important, many adult criminals come from among them. It is clear that psychiatric care and treatment is seriously needed for them.

At the 1956 legislative session the matter was referred to the Assembly Interim Committee on Social Welfare under the chairmanship of the Honorable Bruce F. Allen, Assemblyman. On June 22, 1956, this committee called together a group representing the courts, probation departments, the Department of Mental Hygiene, the Youth Authority and the Department of Corrections to discuss the problem. From the testimony given by all persons present it

- Three psychiatric treatment units for dealing with emotionally disturbed teen-age delinquents who become wards of the California Youth Authority are operating on a pilot basis in three of the Authority's corrective schools.

It is recognized that treatment is far more than psychotherapy; the solicitude, encouragement, understanding and sympathy that a disturbed teen-ager receives from the people who make up his custodial surroundings are a part of it. An aim of the treatment units is to relieve these young people of disruptive, destructive emotions.

A most important aspect is the integration of treatment with custody, which requires—and is getting—the cooperation of the administrative staffs.

Although the cost of the program is relatively high, it can result in a considerable net saving to taxpayers. Helping to make an orderly, productive citizen of a disturbed youth can usually prevent years of costly custodial care.

was decided that the Youth Authority should address itself to this problem. By resolution, the committee requested the Youth Authority to do the staff work necessary to meet the problem, including the drafting of legislation and the preparation of plans for appropriate buildings and staff at Youth Authority institutions.

An amendment to the Welfare and Institutions Code was passed by the 1957 Legislature which provides that the Youth Authority shall also accept "a person committed to it . . . if he is a borderline psychotic or borderline mentally deficient case, if he is a sex deviate unless he is of a type whose presence in the community under parole supervision would present a menace to the public welfare, or if he suffers from a primary behavior disorder."

In August of 1957 a development committee for Psychiatric Treatment Units was organized within the Youth Authority to develop the program. In the original proposal by the agency, Psychiatric Treatment Units were to be placed in each of the existing Youth Authority facilities. However, the Legislature, recognizing the vast extent of the problem, the lack of precedent and the problems involved in organization and procurement of buildings and professional

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personnel, was careful to authorize the establishment of the Psychiatric Treatment Units on a staggered basis providing sufficient time for the development of plans, procedures, and training. The units were initially authorized at Preston School of Industry and Los Guilucos School for Girls, with the third Psychiatric Treatment Unit to begin operation after July 1, 1959, at the Fred C. Nelles School for Boys.

Concepts of Treatment and Psychotherapy

Although all psychotherapy is treatment, all treatment is not psychotherapy. This distinction is of more than academic value. The warm-hearted solicitude, encouragement and understanding of a house-mother, for instance, is often invaluable. No one can say that her endeavor on behalf of one of her charges is not treatment, yet this cannot be called psychotherapy in any accurate sense. Another way of putting this, is to state that not everything that is helpful is treatment, although certainly all treatment must be helpful.

Objectives and Rationale of Psychotherapy

Psychotherapy as carried out in the Youth Authority gives the patient carte blanche to say anything that comes into his mind which will, to the best of his ability, express his feelings. It is our firm conviction that, with such freedom encouraged, the chances of such a patient's acting out these aggressions and resistance are less than they would be if he were not given the opportunity of such expression. In other words, the permissiveness of the therapeutic relationship between patient and therapist is a safety valve and the fact that the patient can and will, if properly encouraged and guided, give vent to any and all antisocial, disrupting contra-mores ideas and feelings will go a long way to relieve pent-up tensions, disruptive aggressions, confusion and anxiety.

To pursue this thought a bit further, the erroneous but far too prevalent notion that psychotherapy and the administrations of a therapist tend to diminish the need for discipline and self-control must be once and for all abandoned. On the contrary, one of the most important and vital roles psychotherapy can play is to gradually bring about greater control and reduce the compulsive irresistible urges and obsessional factors so that the patient can adapt himself better to his environment in the institution, on parole, and eventually in the outside world where he will again take his place. There will be less need to "act out" and a better chance for him to feel that he is a member of society, and that, as such, he must conform to its prescribed ethics. He acquires respect for other human beings with whom he will always have to deal. To the extent that these goals are attained, he will then learn to incorporate within

himself the feeling that he "belongs"—that he no longer is an outcast, that he has a place under the sun, and that, without servility and without demanding inappropriate or exorbitant solicitude, he can respect and be respected.

Every effort in therapy is directed toward inculcating self-esteem without enough of which a human being either retreats into despair, depression and apathy, or, in order to spare himself the conscious pain of his inadequacies, proceeds to overcompensate, thus becoming an anti-social, lawless, aggressive menace to society, which is the core of the delinquency pattern.

It is necessary to be just as concerned about the status and needs of the troubled child as about the troublesome one. Of course, greater clinical acumen is needed for recognition of the former in order to bring him to treatment.

Psychotherapy Can Save Money

It is expensive to care for the sick regardless of the nature of the symptoms or the disease. Every good hospital in the United States operates in the red even with the aid of usually generous endowments. This is particularly true in large teaching hospitals and those affiliated with a medical school or center. Since, from the clinicians point of view, all the wards of the state with whom we deal are disturbed and also emotionally unstable, as well as usually infantile or immature, they are in this sense sick. The expense, great though it is and will continue to be, can be looked upon as a stitch in time. Money spent now on these children may prove to be the most economical investment the taxpayer could make. The rehabilitation, partial or complete, of one of these children can be expected to pay handsome dividends through saving money that would otherwise go to paying for the damage and the expense of custody that usually follow uncorrected and neglected delinquency.

Participation in the Research Program

The central office, with the assistance of the Chief of Medical Services, the Consulting Clinical Psychologist and the Chief of the Research Program, aided by the professional staff of each institution, has entered into various research endeavors, some of which are in the category of "pure research" and some of which will be more practical and, therefore, more directly helpful in helping us to deal more efficiently with the Psychiatric Treatment Program.

Good "treatment" can be properly regarded as anything which has a tendency to help the recipient to deal with his anxieties and tribulations.

"Treatment" includes environmental as well as personal impacts. It is clear, therefore, that every

locale and every person in the California Youth Authority will have an effect on the wards of the state with whom the Youth Authority deals. The range of such impact is unlimited. It includes such diverse matters as the type of clothing insisted upon, the size, shape and color of the dormitory or room; the convenience and efficiency of the showers and lavatories; the appearance, quantity and quality of the food; the tone of voice in which a gardener or janitor says, "Good morning"; and, of course, the friendliness and warmth in even the briefest encounter between the ward of the state and every member of the staff. Actually, the ward's initial commitment to the California Youth Authority, followed by a sojourn in a juvenile hall, are also significant but since these are not properly within the control of the California Youth Authority they will not receive any more than this cursory mention. The ward's first actual experience in the California Youth Authority begins at one of the two reception centers. The weeks that he spends there add up to the beginning of a continuum which progresses from the center to the institution, to parole and, finally, to his release to society.

Integration of Treatment and Custody

One of the most important efforts has been that of integrating "treatment" with custody. As was predictable, these two disciplines can never be expected to completely fuse. There will always be areas of difference of emphasis—there will always be people who stress one aspect of our total responsibility at the expense of the other. Hence constant watch must be kept to hold such hampering differences to a minimum. One hostile or unduly skeptical staff member can greatly diminish the over-all morale of his institution. It is my belief that the task of integration rests more on the Psychiatric Treatment Units than it does on the administrative staff, since the former are trained to understand differences or different points of view and are, therefore, better equipped to reconcile them. It is a great source of satisfaction that such efforts have been proceeding more satisfactorily than we had any reason to hope. The Psychiatric Treatment Units welcome the administrative staffs' participation in their conferences and classifications meetings.

By and large, a remarkable degree of cooperation, mutual understanding and "team play" seems to permeate our institutions. Exceptions, of course, there are; but they are not numerous and, when detected, they are dealt with forthrightly, not in a spirit of rivalry, but with a deep-rooted wish and conviction that all that is necessary is to understand. With mutual understanding comes respect for the attitude and point of view of others, even though these may materially differ from one's own.

In the California Youth Authority schools, institutions and camps that do not have Psychiatric Treatment Units, "treatment" is also of the greatest importance. Counseling, guidance, support, and instruction are all therapeutic. It may be said at this time that it is extremely important who does what to whom—just as important and in some cases more so than what or how he does it. Many staff members are making invaluable contributions to the "treatment" and rehabilitation of their charges, and it is impossible to evaluate these services in terms of their relative importance. It is important, however, for everyone who is doing a good job in this effort to realize it. No one is so broad-shouldered or secure that he does not need the repetitious confirmation of recognition and unsolicited commendation, and it is here that the professional and more experienced members of the Psychiatric Treatment Units can and must play the role of the reassuring and appreciative "father-figure." In general, the stature of any staff member will be in inverse proportion to the amount of encouragement and support he is apt to need and benefit from. This, I think, is a clue to how such efforts should be directed and to whom.

It may be advisable to state that for all intents and purposes "therapy" includes the connotation of psychotherapy; *treatment* can be thought of as broader and more comprehensive. Treatment is, therefore, no prerogative of the medical profession. Hence, it is being lavishly and continuously used by everyone regardless of varying philosophies, disciplines and training. Treatment is largely confined to attempts to deal realistically with conscious material, as brought out verbally by the persons with whom we are dealing. In contradistinction, therapy, and particularly psychotherapy, must take into account motivations which are largely unconscious, and although interpretations on this level are often not clinically indicated, the accomplished therapist can never afford to lose sight of them. They make up the core of his understanding, thereby furthering significantly his useful and meaningful therapy.

Indoctrination of the Indoctrinators

The indoctrination of the indoctrinators can, therefore, be seen to be an essential; hence it is proper to give time to it. Regularly scheduled meetings and interviews help in the indoctrination, but the effort must go further. It must comprise every single encounter, with the youths themselves and with other members of the staff, in the hallway, in the dining room and in the meetings which take place after hours. For some of these golden opportunities, unofficial, sporadic and spontaneous as they are, may often prove to be the beam of light shining into the darkness of misunderstanding.

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